



Town of Hilton Head Island

One Town Center Court
Hilton Head Island, SC 29928
843-341-4677 Fax 843-341-4637
www.hiltonheadislandsc.gov

General Business License Application

BUSINESS LICENSE RENEWALS ARE DUE MAY 31ST. AFTER THAT DATE DELINQUENT ACCOUNTS WILL BE ASSESSED A 5% PENALTY AND THE PENALTY WILL INCREASE EACH 30 DAYS OF PORTION THEREOF, UNTIL PAID.

*** REQUIRED FIELD: To avoid any processing delays, please provide all required documentation. We are unable to accept incomplete applications. A NON REFUNDABLE APPLICATION FEE MUST ACCOMPANY EACH COMPLETED APPLICATION. BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO FINES.**

PLEASE PRINT LEGIBLY

*BUSINESS NAME: _____

* BUSINESS MAILING ADDRESS: _____

* PHYSICAL ADDRESS OF BUSINESS: _____

Please include UNIT/SUITE # and the name of the commercial property where the business will be located. PO Box's will not be accepted.

* ATTENTION OR ON-SITE CONTACT PERSON: _____ * BUSINESS PHONE #: _____

NAME OF ACCOUNTANT/BOOKEEPER : _____ ACCOUNTANT/BOOKEEPER PH #: _____

Fax: _____ EMAIL: _____ (required for on line/IVR access)

*LOCATION: ☐ IN TOWN ☐ IN COUNTY ☐ OUT OF COUNTY

***TYPE OF ENTITY:**

Part 1:

☐ SOLE PROPRIETORSHIP ☐ CORPORATION ☐ PARTNERSHIP ☐ LLC/LLP ☐ OTHER

Part 2:

☐ GENERAL ☐ SERVICE ☐ PROFESSIONAL ☐ CONTRACTOR ☐ OTHER

Is this business an affiliate of a Holding or parent Company? Y__N__ If Yes, name of Parent Company: _____

Contact information: Contact Name and Position: _____ Contact Phone#: _____

*PRINCIPAL/OWNER NAME: _____

*PRINCIPAL/OWNER ADDRESS: _____

* PRINCIPAL/OWNER PHONE NUMBER: _____

SOCIAL SECURITY (Last 4 digits) : _____ OR FEDERAL EIN #: _____

SC RETAIL #: _____ SC (LLR) LICENSE #: _____ EXP. DATE: _____

TYPE OF LICENSE: _____ (i.e. Contractor, Electrical, Medical, Massage, etc.)

PERMIT/ LICENSED BY THE STATE OF SOUTH CAROLINA: A PHOTOCOPY OF THE LICENSE OR PERMIT MUST ACCOMPANY THIS APPLICATION.

*BUSINESS TYPE (Retail, Design, Publishing, etc.): _____ *Business Start Date: _____

*DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL:

PLEASE ANSWER THE FOLLOWING QUESTIONS – WHERE APPROPRIATE:

- Is this a home occupation? yes _____ no _____
- Is this a change in the type of business for this building space? yes _____ no _____
- Is this an expansion of physical space at your current location? yes _____ no _____
- Has the building space been vacant for 12 months or more? yes _____ no _____
- Will there be any renovation or construction at this site? yes _____ no _____
- Will you want to erect a new sign? yes _____ no _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I HEREBY ACKNOWLEDGE THAT IF MY BUSINESS SELLS PREPARED FOOD OR ALCOHOL, I WILL COLLECT AND REMIT HOSPITALITY TAXES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTER 13. IF MY BUSINESS COLLECTS GROSS PROCEEDS FROM THE LEASE/RENTAL OF SLEEPING ACCOMMODATIONS TO THE SAME PERSON (S) FOR A PERIOD OF LESS THAN 90 DAYS, I WILL COLLECT AND REMIT LOCAL ACCOMMODATION TAX AND BEACH PRESERVATION FEES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTERS 12 AND 9, RESPECTIVELY.

*Print Name: _____ Date: _____

***Signature:** _____

ADMINISTRATIVE USE ONLY: APPLICATION ACCEPTED BY: _____ DATE: _____

APPLICATION FEE RECEIVED: _____ SIC: _____

BUSINESS DOCUMENTS: _____ VERIFIED BY: _____

OWNER/PRINCIPAL ID: _____ VERIFIED BY: _____

STATE LICENSE ISSUED: _____ EXP DATE _____ VERIFIED BY: _____



APPLICATION CHECKLIST

Please ensure you have attached all the required documents in Section A when submitting your application. After 30 days, incomplete applications will be returned by mail and if you are found operating without a valid business license, you may be subject to fines up to a \$1092.50 per day.

Section A:

1. Proof that the business has registered with the South Carolina Secretary of State and/or Department of Revenue. ☐ Attached
2. Copy of business registration documents and list of officers or members. For example: Articles of Incorporation and list of officers or for Limited Liability companies/partnerships, a list of members, particularly, the managing member. ☐ Attached ☐ N/A
3. Professional/Contractors License (when applicable) ☐ Attached ☐ N/A
4. \$10.00 Non-Refundable application fee ☐ Attached
5. The application must be signed by a principal of the business. For example:
 - A Corporation: signed by an officer
 - An LLC or LLP: signed by a managing member
 - All others must be signed by an owner.

Section B:

In Town businesses, before obtaining a business license we recommend obtaining the following pre approvals:

APPLICATION APPROVALS

1. Business has a physical location within Town limits:

- **Community Development (Planning):**

Name: _____

Signature: _____ Date: _____

- **Fire and Rescue (Addressing):**

Name: _____

Signature: _____ Date: _____

2. Contractors (verification SC Specialty License):

- **Community Development (Contractor Verification):**

Name: _____

Signature: _____ Date: _____
